

## USE OF THE EMERGENCY SERIES DURING MULTIPLE SURGERIES

*by Gari Carter*

Nine years ago, Gari Carter sustained near-fatal injuries which permanently transformed the direction and purpose of her life. Thus began her long and courageous journey from pain, fear, and disfigurement to health and wholeness. Ms. Carter has documented her experiences in *Face It*, a book about her accident, reconstruction, and recovery. The following is an excerpt from her manuscript.

My final plastic surgery to create a face was performed in October 1990, by Milton T. Edgerton, MD, at the Craniofacial Clinic at the University of Virginia, the site of my previous ten surgeries. The Monroe Institute® filmed the entire procedure to document the use of the *Emergency Series* tapes.

In February 1982, my eleven-year-old son and I were hit head-on in our lane on a country road in Virginia. My car was pancaked into me, crushing my face open to the eye orbits, partially severing one leg, and breaking bones from my toes to my hips. Thinking I was dead, my uninjured son revived me with CPR techniques he had just studied in Cub Scouts. The rescue squad took us to the University of Virginia Hospital emergency room. Plastic Surgery worked from my neck up and Orthopaedic Surgery worked from the hips down to close and repair the damage.

After the initial surgery and recovery, I had several painful, disagreeable surgeries at U.Va.—reattachment of my partially severed leg, bone grafts to construct upper and lower jaws and cheekbones, skin grafts for sulcus (gum) tissue, and construction of teeth. Surgeries are spaced six months apart to allow for adequate healing, which was interminable, painful, and unendurable. I was only able to have liquids with a Brecht feeder (a syringe with a rubber tube), so nutrition and vitamins were minimal. Memory loss was intensified by each anesthesia and codeine use, delaying my recovery.

In the August 1983 issue of BREAKTHROUGH (predecessor of the HEMI-SYNC® JOURNAL), I wrote of my first use of the *Emergency Series* tapes. The surgery involved removing a rib to insert as a nose, refracturing and resetting the bones in the orbits around my eyes, and repairing my sinuses. I was terrified at the prospect of hurting in several areas and did not trust the quality of the Emergency Series, despite what I had read and heard. I told the doctors and nurses to observe me using the tapes. If they worked, fine, but if not, I wanted my codeine immediately. Though the surgery lasted four and one-half hours, I never needed any pain medication afterward and had minimal bruising and swelling. The *Pre-Op* tape gave me intense calmness, with lowered blood pressure and temperature before surgery, instead of my

former experiences of queasiness and uncontrollable shaking. I used *Intra-Op* before the general anesthesia was started, *Recovery* in the recovery room, and *Pain Control* after that. Each time I felt a twinge of pain begin, I put on my earphones and erased it. Healing was rapid in my relaxed state, as I knew I could depend upon the tapes.

I persuaded my surgeon to let me use the *Emergency Series* in the operating room from then on. The next two surgeries were to attach Abbe flaps from my palate to the future lip area, allowing the grafted flaps to heal in place, and to sculpt lips from the joined tissue. Dr. Edgerton was interested to see what effect the tapes would have on me during surgery. The wires from my earbud speakers would have to be wound under my neck and attached to the tape player above my head to insure sterility, and a nurse would be assigned to flip tapes each forty-five minutes as they ended.

I was calm the night before in the hospital listening to *Pre-Op*, though I had learned from the previous surgery that interruptions jarred one out of the desirable ocean of peace. I taped a sign above my bed, "DO NOT TOUCH OR TALK TO PATIENT WHEN USING PAIN CONTROL TAPES." It was a relief not to shake the stretcher with fear on my ride to the operating room. I found I could flow in and out of consciousness in the operating room using *Pre-Op*.

Dr. Edgerton reminded me that he would use xylocaine locally and that I was not to move my face or mouth as he worked. He would leave a small opening on the side for me to eat with Brecht feeders during the weeks of graft healing. I drifted off with *Intra-Op* and Robert Monroe's voice telling me that I was not alone and everyone was there to help me. I felt a slight pulling and painless cutting of my face from the perspective of a relaxed, worryless sleep. Suddenly, the absence of my tape jarred me alert. I opened my eyes and saw Dr. Edgerton's face directly over mine as he concentrated on his work. I remembered that I was not to move my face, but tried blinking my eyes to get his attention without success. Finally I realized I could make a noise without opening my mouth and said, "Mmmm, mmmm, mmmm." Dr. Edgerton looked startled, not expecting his patient to talk to him on the table. I rolled my eyes toward the tape player and the nurse checked it. My batteries had run out! I had to try to re-create the tape by myself as he finished the five-hour surgery. To my great relief, new batteries were brought to me in the recovery room. I would never go into the operating room again without new batteries and backups!

Two Abbe flaps had been used, instead of one as planned, to obtain enough vermillion for lips from the area left inside the palate. One month of healing was needed before the next surgery to sever and sculpt the graft. The rest of my cheeks and chin were a road map of suture lines. I used the *Energy Walk* tape and positive visualizations for healing. I detested the Brecht feeder tube's clogging and spraying me with liquid, forcing me to redo my suture line care. I wanted to heal quickly so that I could talk and eat again.

In a month, I returned to U.Va. for lip sculpture, chin and cheek shaping, and tracheotomy revision with brand-new batteries for my tape player. I relished my confident calmness as the surgery flashed by me. My chin was slowly taking shape to look real, the cheeks were less sunken, I had lips, and the big, jagged tracheotomy scar was a thin line. Dr. Edgerton found and removed an adhesion the size of a little finger which had grown around my vocal cords, and had caused me pain when swallowing. I healed rapidly and uneventfully, enjoying my new freedom. When the final sutures were out, I had to learn how to aim a fork into my new, narrow mouth and guide a glass with my tongue instead of my senseless lips.

By the next surgery, my tapes were accepted by the nurses and doctors as a part of me. This five-hour surgery included more grafting to even the lips and prevent drooling, z-plasties in chin scars, sculpting an indentation below my lips to separate the chin, and revision of knee scars. I used the tapes throughout and sailed through, despite a return to Brecht feeders and crutches. I was nervous about pain from the removal of the pull lines on my knee but repeated “55515” as I visualized the area with closed eyes as I had been told to do on the tape and erased all pain signals.

The next-to-last surgery involved more z-plasties in the chin, resculpting the indentation under the lips, additional reshaping of the lips to prevent drooling, removal of a growth on my foot at the point of a broken bone, and removal of cysts on suture lines in my upper eyelids. The confusion of getting ready for the operating room washed over me without effect due to the strong inner calm from the *Pre-Op* tape. This surgery seemed to last a fraction of a minute. I later found it had been another five hours. I relaxed into *Energy Walk* when I was returned to my room, noticing that I now had a roommate. At midnight, the lady yelled, “Ethel, get my shoes!” I thought she was dreaming and turned on my tape player. I was almost asleep when she yelled again. I told her that Ethel was not there, and shoes were not needed in bed. She kept yelling, so I rang for the nurse, who explained that she was senile. Just as I had been told by The Monroe Institute, one needs quiet to use the tapes properly. I was unable to keep my calm, pain-free state with the unexpected interruptions and had to ask for codeine. The next day I felt drugged, dizzy, and weak. It was quite a contrast to my improved life using drug-free healing with the *Emergency Series*.

After the lips were finished, I began speech therapy—a major challenge without feeling in my grafted lips. Since I was told to relax before I began, I used my *Emergency Series* tapes and then practiced smiling, swallowing, and rounding my lips as I watched in a mirror. I had to practice my speech laboriously on tape, exercising my weak lip and cheek muscles. Most difficult was relearning how to laugh.

With the final surgery, Dr. Edgerton made a w-plasty to a grooved scar in the chin and a z-plasty to lengthen the left lower lip and prevent drooling, debulked the trapdoor flap in the right central anterior chin, made bilateral z-plasties in the transverse scars running from the lower lip

toward the ear regions, and excised the redundant scar tissue in the anterior lower lip. The Monroe Institute filmed me in the Craniofacial Clinic being worked up, in the Virginia Ambulatory Surgery Center waiting room using my *Pre-Op* tape, on the stretcher ready for the operating room, during surgery using *Intra-Op*, and in the recovery room using the *Recovery* tape. I talked about my feelings and impressions at each of these stages on the film. The *Emergency Series* tapes did their magic again. I was calm and relaxed, with the usual lassitude afterward. I was happy to have lived the final chapter of my book at last!

This last healing has been the best of all. I not only had the *Emergency Series*, but the luxury of the extra backup of the H-PLUS® series to enrich my recovery. I found less need to listen to the Pain Control tape if I went to sleep with H-PLUS *Restorative Sleep*. I alternated H-PLUS *Regenerate*, *Circulation*, *Tune-Up*, and *Emergency: Injury* for naps. I used neuro-muscular and craniosacral therapies to reduce scar tissue and rebalance my body. I returned to yoga, vitamins, and a healthy diet. I felt strengthened and invigorated by so much healing help to choose from. Most of all, I was and am grateful to Robert Monroe for giving me the grace of peace and courage on my reconstructive journey.

Hemi-Sync® is a registered trademark of Interstate Industries, Inc.  
© 1991 The Monroe Institute